




NEWTON ABBOT  
URBAN DISTRICT COUNCIL

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ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
and the  
CHIEF PUBLIC HEALTH INSPECTOR  
for 1967

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The Annual Report of your Chief Public Health Inspector is not yet complete and this will be circulated separately.



H. M. DAVIES,  
M.A., M.R.C.S., L.R.C.P., D.P.H.,  
ASSISTANT COUNTY MEDICAL OFFICER :  
DEVON COUNTY COUNCIL.  
MEDICAL OFFICER OF HEALTH :  
ASHBURTON U.D.C.  
DAWLISH U.D.C.  
NEWTON ABBOT R.D.C.  
NEWTON ABBOT U.D.C.  
TEIGNMOUTH U.D.C. AND  
PORT HEALTH AUTHORITY

TELEPHONE No. NEWTON ABBOT 3991

6/8 SHERBORNE ROAD,

NEWTON ABBOT.

NEWTON ABBOT URBAN DISTRICT COUNCIL

ANNUAL REPORT - 1967

To: The Chairman  
and Members of the Newton Abbot Urban District Council

Ladies and Gentlemen,

I present my Report for the year ended 31st December, 1967, together with that of the Chief Public Health Inspector.

During the year the number of live births registered was two hundred and seventy-six and the number of deaths three hundred and twenty-nine, giving a natural decrease in population of fifty-three. The Registrar General's estimate of the population for 1967 is the same as that for 1966 and it would appear from this that the influx of new residents during the year was only fifty-three. This figure is very hard to reconcile with the tremendous amount of new residential building, which has taken place. This has resulted in an increase in Rateable Value of some fourteen thousand pounds.

The remaining vital statistics do not differ much from either those of the County of Devon or the whole of England and Wales and call for no comment.

Regarding the cause of death, well over half the deaths which occurred were due to diseases of the heart and circulation. Seventy-one of the three hundred and twenty-nine deaths were due to cancer in one form or the other and it is of particular interest that eleven males and four females died of cancer of the lung. The incidence of this disease continues to increase and despite the well known association between lung cancer and cigarette smoking, it seems that little is being done effectively to discourage the young from taking up





this habit. In addition to this, there is almost irrefutable evidence that cigarette smoking has a strong connection with other diseases of the respiratory system and also with coronary thrombosis. An investigation into the whole economics of cigarette smoking would, one would think, be well worth while for although there is a tremendous revenue obtained from the sale of cigarettes, there is also a vast amount of waste, both financial and physical, which must more than counteract the benefits to the Exchequer.

The year 1967 was a year in which the incidence of measles was relatively high and two hundred and eighty-two cases were reported. Whether or not this is an accurate record of the incidence of the disease is very hard to tell, for it is well known that many Doctors do not send in their Notification Certificates, except in those infectious diseases which are regarded as of serious significance. However, one hopes that when the new measles vaccine becomes more universally used, that measles will, like poliomyelitis, smallpox, diphtheria, tetanus, whooping cough, typhoid and tuberculosis, appear only as a rarity.

The facts regarding the low occurrence of infectious diseases indicates the success of the campaign undertaken by the Public Health Service Medical Officers and Family Doctors in the prevention of these diseases by means of vaccination and inoculation. There is no fame or glamour in having seen that thousands of doses of poliomyelitis are given. The results however are far more tangible than those obtained by the sensational procedures in the realms of medicine and surgery of which one reads.

During the year the Committee has afforded a very considerable amount of time to the improvement of the drainage system within the Urban District. In my view it is very satisfactory that the sewage disposal works at Buckland is to be enlarged and improved in order to take the sewage from some parts of the Rural District. There is no doubt that a large regional disposal plant is far more satisfactory to the community at large, than the present arrangements whereby small disposal works are scattered throughout the district.

The duties of a District Medical Officer of Health are concerned with environmental health and it follows that with the low incidence of infectious diseases that the scope of his duties have decreased. In addition there has, over the years, been a gradual improvement both in the standards and also in





the responsibility taken by the Public Health Inspectors. This factor too has resulted in a decrease in the call on the services of a Medical Officer of Health. It is only about twenty-five years ago that each of the District Councils had its own Medical Officer of Health on a full or part time basis. My illustrious predecessor, Dr. H. B. Mapleton, was employed full time by the Newton Abbot Rural and Urban District Councils and I am sure that he was fully occupied. Conditions over the years have improved and at the present time only about half of my time is devoted to the five District Councils with whom I am associated.

I should like to thank, once again, the Chairman, Councillors and all members of the staff for the help and co-operation received.

A handwritten signature in dark ink, appearing to read 'A. Davis'.

Medical Officer of Health

September, 1968



## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres) .....	4,156
Population mid 1967 .....	18,630
Population 1961 Census .....	18,060
Rateable Value as at 1st January, 1967 .....	£782,339
Rateable Value as at 31st December, 1967 .....	£793,514
Product of ld. rate - 1967/1968 .....	£3,140

### VITAL STATISTICS

#### Live Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	130	129	259
Illegitimate	9	8	17
	<u>139</u>	<u>137</u>	<u>276</u>

Crude Live Birth rate per 1000 total population	14.81
Corrected Live Birth rate per 1000 total population	16.43
Crude Live Birth rate per 1000 total population - Administrative County of Devon	13.8
Corrected Live Birth rate per 1000 total population - Administrative County of Devon	17.2
Live Birth rate per 1000 total population - England and Wales	17.2
Illegitimate Live Births (per cent of total live births)	6.15

#### Stillbirths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	4	5
Illegitimate	-	-	-

Stillbirth rate per 1000 total live and stillbirths	17.79
Stillbirth rate per 1000 total live and stillbirths - Administrative County of Devon	12.8
Corresponding rate for England and Wales	14.8





## Deaths

The average age at death, from all causes, was found to be 74.51. The average age of all male deaths was 71.46 and for female deaths 77.01 years.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
	148	181	329
Crude Death rate per 1000 total population			17.65
Corrected Death rate per 1000 total population			11.11
Crude Death rate per 1000 total population - Administrative County of Devon			14.4
Corrected Death rate per 1000 total population - Administrative County of Devon			9.8
Death rate per 1000 total population - England and Wales			11.2

## Infant Mortality

(Deaths of Infants under one year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	3	-	3
Illegitimate	-	-	-
Infant Mortality rate per 1000 related live births			10.86
Infant Mortality rate - Administrative County of Devon			11.32
Corresponding rate for England and Wales			18.3
Legitimate Infant deaths per 1000 legitimate live births			11.58

## Neonatal Mortality

(Deaths of Infants under four weeks)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	2	-	2
Illegitimate	-	-	-
Neonatal Mortality rate per 1000 related live births			7.24
Neonatal Mortality rate - Administrative County of Devon			7.28
Corresponding rate for England and Wales			12.5





### Perinatal Mortality

(Stillbirths and Deaths of Infants under one week)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	2	-	2
Illegitimate	-	-	-

Perinatal Mortality rate per 1000 live and stillbirths	24.91
Perinatal Mortality rate - Administrative County of Devon	18.63
Corresponding rate for England and Wales	25.4

### Maternal Mortality

No maternal deaths occurred in the Newton Abbot Urban District during 1967.

No maternal deaths occurred within the Administrative County of Devon.

### AGE AT DEATH

	<u>Male</u>	<u>Female</u>
Infants under four weeks	2	-
Four weeks and under one year	1	-
1 - 4	-	-
5 - 14	-	-
15 - 24	-	1
25 - 34	2	-
35 - 44	2	-
45 - 54	9	8
55 - 64	13	16
65 - 74	61	38
75 and over	58	118
	<u>148</u>	<u>181</u>

Total: 329



CAUSES OF DEATH

	<u>Male</u>	<u>Female</u>
Tuberculosis, Respiratory	1	1
Tuberculosis, Other	-	1
Malignant Neoplasm, Stomach	4	2
Malignant Neoplasm, Lung, Bronchus	11	4
Malignant Neoplasm, Breast	-	8
Other Malignant and Lymphatic Neoplasms	18	23
Leukaemia, Aleukaemia	1	-
Diabetes	1	2
Vascular Lesions of Nervous System	17	45
Coronary Disease, Angina	30	21
Hypertension with Heart Disease	2	5
Other Heart Disease	18	23
Other Circulatory Disease	8	13
Pneumonia	2	4
Bronchitis	13	3
Other Diseases of Respiratory System	2	1
Ulcer of Stomach and Duodenum	1	1
Gastritis, Enteritis and Diarrhoea	-	1
Nephritis and Nephrosis	1	-
Hyperplasia of Prostate	2	-
Congenital Malformations	1	1
Other Defined and Ill-Defined Diseases	9	19
Motor Vehicle Accidents	1	1
All Other Accidents	1	1
Suicide	4	1
	<u>148</u>	<u>181</u>

Total: 329





### INFECTIOUS DISEASES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Measles	145	137	282
Meningitis	1	-	1
Scarlet Fever	5	3	8
Sonne Dysentery	1	-	1
Whooping Cough	-	2	2
	<u>152</u>	<u>142</u>	<u>294</u>
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### TUBERCULOSIS

Two cases of pulmonary and two cases of non-pulmonary tuberculosis were notified in Newton Abbot during 1967.

Details are set out in the following table:-

<u>Age Periods</u>	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Under five years	-	-	-	-
5 - 14	-	-	-	-
15 - 24	1	-	-	-
25 - 44	-	-	-	1
45 - 64	-	-	-	-
65 and over	-	1	1	-
	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Total: 4

### NATIONAL ASSISTANCE ACTS, 1948 and 1951

In no cases was Official action necessary under Section 47 of the National Assistance Acts, 1948 and 1951, during 1967.





